

ATTACHMENT 1

Procedure code conversion chart for vision services

The following table lists the nationally recognized procedure codes that providers will be required to use when submitting claims for vision services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Before HIPAA implementation	After HIPAA implementation	
Local procedure code and description	National procedure code and description	Modifier
W8001 Therapeutic "bandage" lens. Fitting and supply	92070 Fitting of contact lens for treatment of disease, including supply of lens	
W8004 New patient, low vision diagnosis, evaluation	92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	
	92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits	
	99201 Office or other outpatient visit for the evaluation and management of a new patient: problem focused history/exam and straight forward medical decision making	
	99202 Office or other outpatient visit for the evaluation and management of a new patient: expanded problem-focused history/exam and straight forward medical decision making	
	99203 Office or other outpatient visit for the evaluation and management of a new patient: detailed history/exam and medical decision making of low complexity	
	99204 Office or other outpatient visit for the evaluation and management of a new patient: comprehensive history/exam, medical decision making of moderate complexity	
	99205 Office or other outpatient visit for the evaluation and management of a new patient: comprehensive history/exam, medical decision making of high complexity	

Before HIPAA implementation	After HIPAA implementation	
Local procedure code and description	National procedure code and description	Modifier
W8009 Established patient, low vision diagnosis, evaluation	92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	
	92014 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits	
	99211 Office or other outpatient visit for the evaluation and management of an established patient: minimal presenting problem	
	99212 Office or other outpatient visit for the evaluation and management of an established patient: problem focused history/exam, straight forward medical decision making	
	99213 Office or other outpatient visit for the evaluation and management of an established patient: expanded problem focused history/exam, medical decision making of low complexity	
	99214 Office or other outpatient visit for the evaluation and management of an established patient: detailed history/exam, medical decision making of moderate complexity	
	99215 Office or other outpatient visit for the evaluation and management of an established patient: comprehensive history/exam, medical decision making of high complexity	
W8110 Lens formula	V2100-V2199* Single vision, glass or plastic	U3 High index
		SC Medically necessary service or supply
	V2200-V2299* Bifocal, glass or plastic	U4 High index
		SC Medically necessary service or supply
	V2300-V2399* Trifocal, glass or plastic	U4 High index
		SC Medically necessary service or supply
	V2740 Tint, plastic, rose 1 or 2, per lens	SC Medically necessary service or supply
	V2742 Tint, glass, rose 1 or 2, per lens	SC Medically necessary service or supply
	V2744 Tint, photochromatic, per lens	SC Medically necessary service or supply
	V2755 U-V lens, per lens	SC Medically necessary service or supply

* Refer to the Healthcare Common Procedure Coding System (HCPCS) Level II code book for complete definitions.

Before HIPAA implementation	After HIPAA implementation	
Local procedure code and description	National procedure code and description	Modifier
W8110 Lens formula	V2780 Oversize lens, per lens	SC Medically necessary service or supply
	V2781 Progressive lens, per lens	SC Medically necessary service or supply
	S0580 Polycarbonate lens	SC* Medically necessary service or supply
	S0504-S0510** Safety lenses	SC Medically necessary service or supply
W8112 Fitting of spectacles, changed prescription, complete appliance, single vision	92340 Fitting of spectacles, except for aphakia; monofocal	U5 Changed prescription, single
	92352 Fitting of spectacle prosthesis for aphakia; monofocal	U5 Changed prescription, single
W8113 Fitting of spectacles, changed prescription, complete appliance, bifocal or multifocal	92341 Fitting of spectacles, except for aphakia; bifocal	U6 Changed prescription, bifocal or multifocal
	92342 Fitting of spectacles, except for aphakia; multifocal, other than bifocal	U6 Changed prescription, bifocal or multifocal
	92353 Fitting of spectacle prosthesis for aphakia; multifocal	U6 Changed prescription, bifocal or multifocal
W8130 Frames name and manufacturing	V2020 Frames, purchases	SC Medically necessary service or supply
	S0516 Safety eyeglass frames	SC Medically necessary service or supply
W8132 Temple name and manufacturing	V2020 Frames, purchases	SC Medically necessary service or supply
W8190 Dispensing of non-contracted materials and other miscellaneous services	V2799 Vision service, miscellaneous	SC Medically necessary service or supply
W8191 Minor repair	92370 Repair and refitting spectacles; except for aphakia	
	92371 Repair and refitting spectacles; spectacle prosthesis for aphakia	
W8520 Frame replacement, dispensing fee	V2020 Frames, purchases	U7 Frame replacement, dispensing fee
W8522 Temple replacement, dispensing fee	V2020 Frames, purchases	U8 Temple replacement, dispensing fee

* The modifier "SC" is only required for procedure code S0580 when the recipient is 21 years old or over.

** Refer to the HCPCS Level II code book for complete definitions.

Before HIPAA implementation	After HIPAA implementation	
Local procedure code and description	National procedure code and description	Modifier
W8523 Lens replacement, changed prescription, single vision, dispensing fee	92340 Fitting of spectacles, except for aphakia; monofocal	U9 Lens replacement, changed prescription
	92352 Fitting of spectacle prosthesis for aphakia; monofocal	U9 Lens replacement, changed prescription
W8524 Lens replacement, changed prescription, bifocal or multifocal, dispensing fee	92341 Fitting of spectacles, except for aphakia; bifocal	U9 Lens replacement, changed prescription
	92342 Fitting of spectacles, except for aphakia; multifocal, other than bifocal	U9 Lens replacement, changed prescription
	92353 Fitting of spectacle prosthesis for aphakia; multifocal	U9 Lens replacement, changed prescription
W8525 Lens replacement, unifocal dispensing fee	92341 Fitting of spectacles, except for aphakia; bifocal	RP Replacement and repair
	92342 Fitting of spectacles, except for aphakia; multifocal, other than bifocal	RP Replacement and repair
	92353 Fitting of spectacle prosthesis for aphakia; multifocal	RP Replacement and repair